

COVER PAGE

MAR 06 2020

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A PUBLIC DOCUMENT

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MARY

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1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Police Commission

Division, Board, Department, District, if applicable

Hearing Examiner

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Board of Civil Service Commissioners

Position: Hearing Examiner

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of LOS ANGELES

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2019, through
December 31, 2019.

☐ Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2019.

☐ The period covered is January 1, 2019, through the date of
leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ Candidate: Date of Election ____ and office sought, if different than Part 1: ____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ____

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

8512 TUSCANY AVE. #10, Playa del Rey, CA 90293

DAYTIME TELEPHONE NUMBER

(310) 488-9792

EMAIL ADDRESS

mlwcaid@aol.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

March 3, 2020

(month, day, year)

Signature

Mary Linn Williams

(File the originally signed paper statement with your filing official.)